

# CRITICAL LIFT OPERATION CERTIFICATION

(Per NSS/GO 1740.9 and MSFC-15.1-C01, blocks 1 through 5, except for pre-operation inspection/function checks, are part of approved operating procedures. Pre-operation inspection/function checks and blocks 6 through 10 are filled out the day of the lift operation.)

1.a. Location of Lift:

1.b. Date Lift Performed:

## 2. Lift Equipment Type (Check One)

☐

Overhead Crane

☐

Mobile Crane

I.D. Number: \_\_\_\_\_

☐

Hoist

☐

Forklift

a. Maximum Rated Working Load (Marked on crane, forklift): \_\_\_\_\_

(Mobile Crane - 75% of rated load at boom radius to be used.)

b. Certification/Deviation Sheet (Supplied by Safety Officer) Attach: \_\_\_\_\_

c. Pre-Op Inspection/Function Check (Performed by Operator) Attach: \_\_\_\_\_

d. Maintenance Records Current, no issues: (Facilities Services Office or Transportation Management Division): \_\_\_\_\_

## 3. Special Lift Accessory Equipment (engineered slings, etc.)

	I.D. Number	Rated Capacity	Equipment Weight	Pre-Op Inspection (Riggers)
a.				
b.				

## 4. Accessory Lift Equipment (slings, shackles, etc.)

	I.D. Number	Rated Capacity	Equipment Weight	Pre-Op Inspection (Riggers)
a.				
b.				
c.				
d.				
e.				

5.a. Article to Be Lifted:

5.b. Weight of Item:

5.c. Owner of Article to Be Lifted:

6. Total Load Weight (add 3, 4, and 5) (S&MA Representative):

7. Load Weight is Less than Rated Capacity of Lifting Device (S&MA Representative):

8. Operational Hazard Analysis Completed and Closed (Supplied by Safety Office) Attach:

9. Brake Test Performed at: \_\_\_\_\_ Lbs. (110% of the total weight), (S&MA Representative).

## 10. Lift Personnel Certification (Name, within expiration date) (Verified by S&MA Representative)

	Crane/Hoist	Riggers	Drivers/Flagperson/Forklift
a.			
b.			
c.			

Responsible Organization:

Safety Office:

Quality Assurance:

Date: